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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 125600001		CITY OR TOWN	SWAMPSO	COTT
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NA	AME: SAINT JOHN	N THE BAPTIST SPORT	CLUB, INC.		
DOING BUSI	NESS A				
ADDRESS 40	BURPEE TERRACI	Ξ			
CITY/TOWN:	SWAMPSCOTT	STATE: MA	ZIP CODE:	01907	
MANAGER:	BUFALINO, WILLIAM F.	TYPE OF LICENSE: Cl	ub C.	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
	N OF LICENSED PR				
	S, NO CELLAR, NIN				
	•	nalties of perjury that:			
		be of the same type for the	•		
	•	d with all laws of the Com	_	to taxes; and	
3. the	premises are now ope	en for business (If not expl	lain below)		
SIGNED BY:		anturan an Arathanina d Cana	anata Office		
	Individual, P	artner or Authorized Corp	orate Officer		
DATE.					
DATE:	TELEF	PHONE NUMBER:		R IDENTIFICAT dividual Social S	TON NUMBER:
			(140te. <u>1401</u> III	iividuai Sociai S	ecurity Number)
		ve are in possession (1) th			
		ng inspector and the hea quor liability insurance			
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(II disapprovec	i expiaiii)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 125600003		CITY OR TOWN	SWAMPSO	COTT
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NA	AME: SWAMPSCO	TT CLUB			
DOING BUSI	NESS A				
ADDRESS 36	2 HUMPHREY				
CITY/TOWN:	SWAMPSCOTT	STATE: MA	ZIP CODE:	01907	
MANAGER:	GENEST, PAUL EDWARD	TYPE OF LICENSE: Clui	b Ca	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				]
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PR	EMISES:			
TWO FLOOR	S WITH FOUR ROO	MS AND CELLAR FOR S	STORAGE.		
-	y and swear under pen				
		be of the same type for the	_		
	•	with all laws of the Comm	•	o taxes; and	
3. the	premises are now ope	n for business (If not expla	in below)		
SIGNED BY:		artner or Authorized Corpo	rata Officar		
	marviduai, 1 a	Tuler of Authorized Corpo	rate Officer		
DATE:			EMDL OVE		
DATE.	TELEP.	HONE NUMBER:	(Note: NOT Ind		TION NUMBER: ecurity Number)
			( · · · · · <u>- · · · ·</u> · · · ·	arraum Boom B	county (variable)
		e are in possession (1) the			
		ng inspector and the head quor liability insurance re			
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:	11.0710111	
DISAPPROVI	ED:		J		
(If disapproved	d explain)				
			-		
DATE.					
DATE:					



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LICENSE NU	MBER: 125600004		CITY OR TOWN SWAMPS	COTT
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: HAWTHORN	NE-BY-THE-SEA INC.		
DOING BUSI	NESS A			
ADDRESS 14	9-53 HUMPHREY S	Γ		
CITY/TOWN:	SWAMPSCOTT	STATE: MA	ZIP CODE: 01907	
MANAGER:	ATHANAS, ROBERT	TYPE OF LICENSE:R	estaurant CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
	M ON STREET LEV AS, SECOND FLOOI		N SECOND FLOOR, LOBBY AN	ND
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for th	e same premises now licensed;	
2. the	licensee has complied	with all laws of the Com	nmonwealth relating to taxes; and	
3. the	premises are now ope	en for business (If not exp	olain below)	
SIGNED BY:				
SIGNED D1.		artner or Authorized Corp	oorate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the building	ng inspector and the hea	he certificate required by Chap ad of the fire department for the required by Chapter 116 of the	e above named
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	1 explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILEI	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	25600005		CITY OR TOW	IN SWAMPSC	.011
APPLICATION FOR RI	ENEWAL:	Annual	LIC	ENSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: RI DOING BUSINESS A I	RED ROCK BIST				
ADDRESS 141 HUMPF					
CITY/TOWN: SWAM	PSCOTT	STATE: MA	ZIP CODE:	: 01907	
MANAGER: PETERS	SIEL, PAUL TYP	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS: PLEA	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMIS	ES:			
ONE FLOOR, TWO DID OFF DINING ROOM A			D FOR STORAC	GE.OUTSIDE PA	ATIO
I hereby certify and swea	-				
		he same type for the			
	-	all laws of the Com		ng to taxes; and	
3. the premises	are now open for t	ousiness (If not expl	ain below)		
SIGNED BY:	ndividual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEBRIONI	E NUMBED.	FMPLO	YER IDENTIFICAT	TON NUMBER:
2.112.	TELEPHONI	E NUMBER:		Individual Social S	
We the undersigned, a Acts of 2004, signed by license and (2) the cert	the building ins	pector and the head	d of the fire depa	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 disapproved expidin)					
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 125600006		CITY OR TOWN	SWAMPSCOTT
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 408 HUI		DRATION		
CITY/TOWN: SW	AMPSCOTT	STATE: MA	ZIP CODE:	01907
	ONTONG, TYPI ERIE	E OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI		MAIL ADDRESS	
	LICENSED PREMISI ITH CELLAR FOR S		AND LADIE'S ROO	MS ON ONE
	ee has complied with a ses are now open for b	ousiness (If not expl	ain below)	o taxes; and
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	d by the building insp	pector and the hea	d of the fire departı	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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LICENSE NU	MBER: 125600008		CITY OR TOWN SWAMPSCC	)TT
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013	3
		CLASS	Y	EAR
LICENSEE N.	AME: SWAMPSCOT	Γ YACHT CLUB		
DOING BUSI	NESS A			
ADDRESS 42	5 HUMPHREY STREE	T		
CITY/TOWN:	: SWAMPSCOTT	STATE: MA	ZIP CODE: 02790	
MANAGER:	HARTMAN, T MICHAEL	TYPE OF LICENSE: Club	CATEGORY: A	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUT	R WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	MISES:		
SECOND FLOFISH HORSE		USE, INCLUDING THE	SOUTH FACING PORCH OF T	HE
I hereby certify	y and swear under penalt	ties of perjury that:		
1. the	renewed license will be	of the same type for the s	same premises now licensed;	
2. the	licensee has complied w	ith all laws of the Comm	nonwealth relating to taxes; and	
3. the	premises are now open	for business (If not explain	in below)	
SIGNED BY:				
	Individual, Part	ner or Authorized Corpor	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATIO	
			(Note: NOT Individual Social Sect	urity Number)
Acts of 2004,	signed by the building	inspector and the head	certificate required by Chapter of the fire department for the al equired by Chapter 116 of the Ac	oove named
Please Check Bel			LOCAL LICENSING AUTHOR	RITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED B	Y LICENSEES DURING THE MC	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)	



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LICENSE NU	MBER: 125600011		CITY OR TOWN S	WAMPSCOTT
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: JOSEPH L. ST	EVENS POST #1240		
DOING BUSI	NESS A V.F.W. OF T	HE U.S.		
ADDRESS 8 I	PINE ST.			
CITY/TOWN:	SWAMPSCOTT	STATE: MA	ZIP CODE:	01907
MANAGER:	SACHERSKI, JOHN R.	TYPE OF LICENSE: V	eterans club CAT	EGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PRE			
ONE STORY MEMEBERS.	BLDG. WITH TWO R	OOMS AND BASEMI	ENT USED FOR RECRI	EATION FOR THE
I hereby certify	y and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	ne same premises now lic	ensed;
2. the	licensee has complied	with all laws of the Con	nmonwealth relating to ta	axes; and
3. the	premises are now open	for business (If not exp	plain below)	
SIGNED BY:				
	Individual, Par	tner or Authorized Corp	porate Officer	
D 4 777				
DATE:	TELEPH	HONE NUMBER:		DENTIFICATION NUMBER:
			(Note. NOT Individ	dual Social Security Number)
We the under	rsigned, attest that we	are in possession (1) t	he certificate required	by Chapter 304 of the
			ad of the fire departme required by Chapter 1	nt for the above named
	<u>-</u>	dor nability insurance	required by Chapter 1	10 of the Acts of 2010.
Please Check Below APPROVED:	ow:		LOCAL LICENSIN	G AUTHORITY
DISAPPROVI	ED·		By:	
(If disapproved				
**	•			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.I	L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 125600012		CITY OR TOW	VIN SWAMPSO	2011
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: PARADISE BROT	HERS INC.			
DOING BUSINESS	S A PARADISO				
ADDRESS 015-17	RAILROAD AVE.				
CITY/TOWN: SW	AMPSCOTT	STATE: MA	ZIP CODE:	: 01907	
	RENZA, TYP NEDETTO	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMIS	SES:			
ONE FLOOR BLD	G. WITH CELLAR U	SED FOR STORAGE	Ξ.		
I hereby certify and	swear under penalties	of perjury that:			
	wed license will be of t	* *	-		
2. the licen	see has complied with	all laws of the Comm	onwealth relatir	ng to taxes; and	
3. the prem	nises are now open for	business (If not expla	in below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersign	ed, attest that we are	in nossession (1) the	cartificata rad	uired by Chant	or 3M of the
	ed by the building ins				
license and (2) the	certificate of liquor	liability insurance re	equired by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
D. 4 575					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 125600015		CITY OR TO	WN SWAMPS	COTT
APPLICATION	N FOR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
DOING BUSIN	AME: VINNIN SQUARESS A VINNIN LIQ	_			
	I PARADISE RD	CEL A EDE		01007	
CITY/TOWN:	SWAMPSCOTT	STATE: MA	ZIP CODE	E: 01907	
MANAGER:	ANSARA, MARGARET	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
		UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED PRE				
		G 5,500 SQ. FT. OF SA WITH OUTSIDE DO			
I hereby certify	and swear under pena	lties of perjury that:			
1. the 1	renewed license will be	e of the same type for the	ne same premises	now licensed;	
2. the l	licensee has complied	with all laws of the Cor	nmonwealth relati	ng to taxes; and	
3. the 1	premises are now oper	for business (If not exp	plain below)		
SIGNED BY:					
	Individual, Par	tner or Authorized Cor	porate Officer		
DATE					
DATE:	TELEPH	IONE NUMBER:		OYER IDENTIFICA Landinidad Cariotte	
			(Note: 110)	I Individual Social S	Security Number)
Please Check Belo	ow:		LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 utsapproved	capiani)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 125600017		CITY OR TOWN SWAMI	230011
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: C & L PKG STORE NESS A 6-28 NEW OCEAN ST	INC		
CITY/TOWN:	: SWAMPSCOTT	STATE: MA	ZIP CODE: 01907	
MANAGER:	PERALTA, TYPE FRANCIS J. III	E OF LICENSE: Pac	kage Store CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEB		IAIL ADDRESS	
	N OF LICENSED PREMISE BRICK BLDG.	ES:		
	premises are now open for b	usiness (If not expla		nd
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Bel APPROVED: DISAPPROVI	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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LICENSE NUMBER	R: 125600022		CITY OR TOWN	SWAMPSO	COTT
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	BERTUCCI'S RES	TAURANT CORPO	ORATION		
DOING BUSINESS	A BERTUCCI'S BE	RICK OVEN RISTO	RANTE		
ADDRESS 450 PAR	ADISE ROAD				
CITY/TOWN: SWA	AMPSCOTT	STATE: MA	ZIP CODE:	01907	
MANAGER: JENN	NIFER DIVOLATYI	PE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of	the same type for the	same premises now	licensed;	
	•	all laws of the Com	_	o taxes; and	
3. the premis	ses are now open for	business (If not expl	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Acts of 2004, signed	d by the building in	in possession (1) th spector and the head liability insurance r	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [	nin)				
(ii disupproved expit	••••				
DATE:					_
APPLICATION FOR RENEV	VAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER	125600023		CITY OR	TOWN	SWAMPSO	COTT
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 430 PARA	A GOURMET GAR		TT, INC.			
CITY/TOWN: SWA	MPSCOTT	STATE: MA	ZIP C	ODE:	01907	
MANAGER: TONG	G, HOI KWOK TYP	E OF LICENSE:R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS			_
A ONE STORY RES' KITCHEN WITH MA	TAURANT OF APP	ROX. 4900 SQ. F	Γ. INCLUDI	NG THR	REE DINING	AREAS,
2. the license	d license will be of te has complied with es are now open for l	all laws of the Compusiness (If not exp	nmonwealth i	relating t		
	murviduar, i artiici	or Authorized Corp	orate Office	1		
DATE:	TELEPHONI	E NUMBER:	_			TION NUMBER:
			(Note	: <u>NOT</u> Inc	lividual Social S	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building ins	pector and the hea	nd of the fire	e depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL By:	LICENS	SING AUTH	ORITY
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 125600028		CITY OR TOWN	SWAMPSCOTT
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: UR OF SWAI	MPSCOTT, MASS LLC		
DOING BUSINE	SS A UNO CHICA	AGO GRILL		
ADDRESS 970 P	ARADISE ROAD			
CITY/TOWN: S	WAMPSCOTT	STATE: MA	ZIP CODE:	01907
	DMONDS, TILLIAM	TYPE OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION (	OF LICENSED PR	EMISES:		
	, KITCHEN, TWO	NSISTING OF A HOST RESTROOMS, AND		
I hereby certify ar	nd swear under pen	alties of perjury that:		
1. the ren	newed license will b	be of the same type for the	he same premises now	licensed;
2. the lice	ensee has complied	with all laws of the Cor	nmonwealth relating t	o taxes; and
3. the pre	emises are now ope	n for business (If not ex	plain below)	
SIGNED BY:	Indiadaal Da	outo on an Austhania d Car	was a Cofficient	
	marviduai, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELED	HOME NUMBER	EMPLOVE	R IDENTIFICATION NUMBER:
2112.	TELEP	HONE NUMBER:		dividual Social Security Number)
			_	ed by Chapter 304 of the ment for the above named
	•	_	_	er 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	kplain)		-	
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	25600029		CITY OR TOWN	1 SWAMPSO	COTT
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: Y	'AN'S CHINA BIST	RO, INC			
DOING BUSINESS A	YAN'S CHINA BIS	TRO			
ADDRESS 146 HUMP	HREY ST				
CITY/TOWN: SWAM	(PSCOTT	STATE: MA	ZIP CODE:	01907	
MANAGER: LIN, KA LANFA		OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LIC					
FIRST FLOOR DINING					
I hereby certify and swe	•				
	license will be of the	• 1	1		
	has complied with al		_	to taxes; and	
3. the premises	are now open for bu	siness (If not expla	ain below)		
SIGNED BY:	adicides l Deutses es	A4hi d C	oneta Offica a		
11	ndividual, Partner or	: Authorized Corpo	orate Officer		
DATE:			EMBI ON	ED IDENTIFICATI	
DATE.	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(110te. <u>1101</u> )	narviduai Sociai S	security (valider)
We the undersigned, a Acts of 2004, signed by license and (2) the cert	y the building inspe	ector and the head	l of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	1				
DATE:					
DAIE.					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 125600030		CITY OR TOW	'N SWAMPSO	COTT
APPLICATION FO	R RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: G" RESTAURAN	NT LLC			
DOING BUSINESS	S A "G"				
ADDRESS 254-256	HUMPHREY STR	REET			
CITY/TOWN: SW	'AMPSCOTT	STATE: MA	ZIP CODE:	01907	
	ACKMAN, TY EGG	YPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF					
1ST FLOOR DININ					
I hereby certify and	•			11 1	
		of the same type for the	1		
	-	th all laws of the Com		g to taxes; and	
3. the prem	ises are now open io	or business (If not exp	iain below)		
SIGNED BY:	Individual Partn	er or Authorized Corp	orate Officer		
	mar radar, rarm	or or radionized corp			
DATE:	TEI EDUO	NE NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEFHO	NE NUMBER.		Individual Social S	
		re in possession (1) the near the hear			
, 0	•	r liability insurance	_		
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)				
DATE.					
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 125600031		CITY OR TOWN	SWAMPSCOTT
APPLICATION FOR	RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
		LLLC	ZID CODE.	
MANAGER: BAK		OF LICENSE: Res	ZIP CODE: staurant CA	01907 ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS	
	LICENSED PREMISE		T 425 D 4 D 4 D 4 D 4 D 4 D 4 D 4 D 4 D 4 D	
	OF FIRST FLOOR SPA E AND ONE BACK E		I 435 PARADISE F	COAD WITH ONE
2. the license	ed license will be of the se has complied with al ses are now open for bu  Individual, Partner of	Il laws of the Commusiness (If not expla	nonwealth relating to	
DATE:	TELEPHONE		(Note: NOT Ind	IDENTIFICATION NUMBER:
Acts of 2004, signed	by the building insp	ector and the head	l of the fire departr	ed by Chapter 304 of the ment for the above named 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 125600032		CITY OR TOWN	SWAMPSCOTT
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	8 ASIA ENTERPRI A ALKIA STEAKHO ARADISE ROAD	SES INC.		1 D. III
CITY/TOWN: SW.	AMPSCOTT	STATE: MA	ZIP CODE:	01907
	NG FA YU, TYPI NDY	E OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEE		MAIL ADDRESS	
	LICENSED PREMISI			5200 GO FE ONE
	MISES LOCATED A INING ROOMS, ONE			
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of the discense will be discense will be discense. The discense will be discense will be discense will be discensed by the discense will	ne same type for the all laws of the Compusiness (If not expl	monwealth relating to ain below)	
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building insp	pector and the head	d of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125	6600034		CITY OR TOWN	SWAMPSO	COTT
APPLICATION FOR RE	NEWAL:	Annual LICENSED FOR 2013			
		CLASS			YEAR
LICENSEE NAME: D A	AND N, CO				
DOING BUSINESS A A	RES EXPRESS				
ADDRESS 357 ESSEX S	TREET				
CITY/TOWN: SWAMP	SCOTT S	TATE: MA	ZIP CODE:	01907	
MANAGER: BAKIS, P	ETER TYPE O	F LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMISES:				
ONE AND A HALF STO RESTROOM AND STOR		PROX 1700 SQ	FT OF SPACE ,WI	ΓΗ AN OFFI	ICE,
3. the premises an SIGNED BY:	s complied with all la	ness (If not expla	in below)	taxes; and	
Ind	lividual, Partner or A	utnorized Corpo	rate Officer		
DATE:	TELEPHONE NU	JMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
DISAPPROVED:			~J.		
(If disapproved explain)			-		
DATE:					